

# CalPERS 457 DEFERRED COMPENSATION PROGRAM

California Public Employees' Retirement System  
CalPERS 457 Deferred Compensation Program  
<https://calpers.csplans.com>

P.O. Box 2647  
Lewiston, ME 04241  
1-800-260-0659

## EMPLOYEE ACTION FORM

(CHECK ALL THAT APPLY)

☐ **New Enrollment** ☐ **Deferral/Allocation Change** ☐ **Name/Address Change**

### I. PARTICIPANT INFORMATION *(If name change, please provide former name as well)*

Participant Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Title and Department \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Telephone Number(s) ( ) \_\_\_\_\_ Wk \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 ( ) \_\_\_\_\_ Hm \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### II. EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Employer Plan Number: 450 \_\_\_\_\_

### III. DEFERRAL INFORMATION (PLEASE COMPLETE PARTS A AND B BELOW)

**A. Deferral Election** *(Indicate the dollar amount you wish to defer into the CalPERS 457 Program per pay period. Your Deferral will commence in the month following the date on which you make this deferral election)*

☐ I elect to defer \$ \_\_\_\_\_ from my salary per pay period effective ☐ Next available pay period ☐ Specific Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ I elect to change my deferral from \$ \_\_\_\_\_ Per Pay Period to \$ \_\_\_\_\_ effective ☐ Next available pay period ☐ Specific Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ I elect to suspend deferrals to \_\_\_\_\_ effective ☐ Next available pay period ☐ Specific Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Name of Provider)*

*(Complete ONLY if you are eligible to use either one of the catch-up methods below and you are electing to do so. You may use one but not both during the same tax year)*

☐ I will be age 50 or older in the current tax year and am using the Age 50 Catch-up method  
☐ I am using the Special 457 Catch-up method *(This method may Only be used during the three tax years immediately preceding the tax year in which you attain "normal retirement age". You must designate your "normal retirement age" and determine the amount of underutilized deferrals from previous years for which you are eligible to catch-up by completing the separate form entitled "Declaration of Normal Retirement Age/Special 457 Catch-up Method Worksheet".*

**B. Investment Allocation of Deferral** *(Indicate in the boxes below the percentages of your total dollar deferral amount that you want allocated among the Plan's investments. Your current and future deferrals will be invested according to the allocation percentages you enter below)*

Note: Enter Whole Percentages Only. Percentages must add to 100%											
Money Market Fund	Stable Fixed Income Fund	Bond Fund	S&P 500 Equity Index Fund	Active Large-Cap Equity Fund	Russell 2000 Equity Index Fund	Active Small Cap Equity Fund	International Equity Fund	Asset Alloc. Fund Conservative	Asset Alloc. Fund Moderate	Asset Alloc. Fund-Aggressive	Insured Money Market Account

If investment allocation instructions are not provided or your instructions are unclear, the administrator will allocate the assets to the CalPERS Money Market Fund. The Insured Money Market Account is strictly for use as a depository account to accumulate amounts to be deposited in CD's and as a fund from which to pay the administrative fees for the CD Options and the Self-Managed Accounts.

### IV. SIGNATURES

I authorize my employer to deduct from payroll the amounts indicated above for deferral into the CalPERS 457 Program. I understand that the elections and/or designations I have authorized above will remain in force until I authorize a change in accordance with the provisions of the Plan.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_